10/5599**57** MULTIPLE DEPENDENT CLAIM FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) APPLICANT(S) **CLAIMS** AFTER **AFTER** AS FILED AFTER **AS FILED** I"AMENDMENT AFTER 2 MAMENDMENT I"AMENDMENT 2 MAMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. <u>56</u> 57 .70

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